

Please type a plus sign (+) ins	ide this box 🔾	ζ
---------------------------------	------------------	---

PTO/SB/01 (10-00) Approved for use through 10/31/2002 OMB 0651-0032

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

	Attorney Docket Nun	nber 1888-174				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Armer J. Willenbring				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
	Filing Date	February 6, 2001				
	Group Art Unit					
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
I believe I am the original, first and sole inventor (if only one na	me is listed below) or an o					
BULK VESSEL FEEDER (Title of the Invention)						
the specification of which						
is attached hereto OR was filed on (MM/DD/YYYY)	as United States Ap	pplication Number or PCT International				
Application Number and was amend	ded on (MM/DD/YYYY)	(if applicable).				

amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as

Prior Foreign Application		Foreign Filing Date	Priority	Certified Co	opy Attached?	
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO	

Additional foreign	application number	re are listed on	a supplemental prior	rity data cheet	PTO/SR/02R	attached hereto.
 Additional foreign	application numbe	is are listed off	a supplemental prior	nty data sneet	F 10/30/020	attauned nereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet
		PTO/SB/02B attached hereto.

RULE 1.10 "EXPRESS MAIL" MAILING

this box $\longrightarrow X$ Please type a plus sign (+)

LABEL NO. __ FL147842219US

DECLARATION — Utility or Design Patent Application

Direct all correspondence to X Customer Number or Bar Code Label OR Correspondence address below						
Name			224 PATENT TRADEHA	71 ** OFFICE_		
Address						
Address						
City				State		ZIP
Country	7	Telephon	1e			Fax
I hereby declare that all statements ma are believed to be true; and further tha made are punishable by fine or impriso validity of the application or any patent i	it these staten inment, or both	ments we th, under	ere made w	ith the kr	nowledge that willfi	ul false statements and the like so
NAME OF SOLE OR FIRST INV	'ENTOR :			A petiti	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Armer J				Family or Surn	L 1 1 1 1	Lenbring
Inventor's Am Will	uluny	0				PEO 2, 2001 Date
Residence: City Minnetonka	/		State M	N	Country US	Citizenship USA
Mailing Address 2505 Pine Ci	rcle					
Mailing Address						
City Minnetonka	State MN			ZIP 5	55305	Country US
NAME OF SECOND INVENTOR	:	<u> </u>		A petit	ion has been fil	ed for this unsigned inventor
Given Name _(first and middle [if any]) Rodney	Е.			Family I	Hanir	ıg
Inventor's Signature	1-4	<u> </u>	-			Date $2/2/01$
Residence: City Bloomington			State M	N	Country US	Citizenship USA
Mailing Address 9103 Blaisde	1 Ave.					
Mailing Address						
City Bloomington	State MN			ZIP 55	5420	Country US
🖾 Additional inventors are being named	on the 1 s	suppleme	ntal Additio			D/SB/02A attached hereto.

RULE 1.10 "EXPRESS MAIL" MAILING LABEL NO. <u>EL147842219US</u>

PTO/SB/02A (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OS Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent and Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent And Hademark Office, OS DEPARTMENT OF COMMENCE

US Patent AND HADEMARK OF COMMENCE

US PATENT OF C

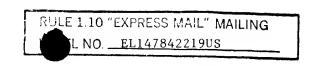
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if ar	ny:	A petition has	been filed for t	this unsigned inventor	
Given Name (first and middle [if any]])	Family Name or Surname			
Jon P.		Lindquis	st		
Inventor's Signature				Date 62/02/01	
Residence: City Blaine	State MN	Country US		Citizenship USA	
Mailing Address 11421 Terrace Rd.	NE				
Mailing Address					
City Blaine	State MN	ZIP 55434	Count	ry US	
Name of Additional Joint Inventor, if ar	ny:	A petition has b	een filed for th	nis unsigned inventor	
Given Name (first and middle [if any])	Fa	mily Name or S	Surname	
Inventor's Signature				Date	
Residence: City	State	Country		Citizenship	
Mailing Address					
Mailing Address					
City	State	ZIP	Cou	untry	
Name of Additional Joint Inventor, if a	ny:	☐ A petition has be	een filed for thi	s unsigned inventor	
Given Name (first and middle [if any]])		Family Name	or Surname	
Inventor's Signature				Date	
Residence: City	State	Country	_	Citizenship	
Mailing Address					
Mailing Address					
City	State	71P	C	Country	

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

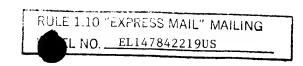
PTO/SB/81 (10-00)
Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	Armer J. Willenbring
Group Art Unit	
Examiner Name	
Attorney Docket Number	1888-174

I hereby appoint: X Practitioners at	Customer Number 22471	<u> </u>	Number 27 Chris
OR			Number dar Code Label here
Practitioner(s) r	amed below:		PATENT TRADEMARK OFFICE
	Name	F	Registration Number
	100 00 00 00 00 00 00 00 00 00 00 00 00		
		L	
as my/our attorney(s)	or agent(s) to prosecute the application id	entified	above, and to transact all
business in the United	States Patent and Trademark Office con	nected t	herewith.
Please change the cou	respondence address for the above-identi	fied ann	lication to:
	oned Customer Number.	печ арр	neation to.
OR			
Firm <i>or</i> Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone	F	ax	
I am the:			
I am the: X Applicant/Inver	tor.		
X Applicant/Inver			
X Applicant/Inver Assignee of re-	cord of the entire interest. See 37 CFR 3.7		
X Applicant/Inver Assignee of re-).
X Applicant/Inver Assignee of re-	cord of the entire interest. See 37 CFR 3.7		
X Applicant/Inver Assignee of restatement und	cord of the entire interest. See 37 CFR 3.7 er 37 CFR 3.73(b) is enclosed. (Form PTC	D/SB/96	
Applicant/Inver Assignee of restatement und Name Art	cord of the entire interest. See 37 CFR 3.7 er 37 CFR 3.73(b) is enclosed. (Form PTC SIGNATURE of Applicant or Assign	D/SB/96	
Applicant/Inver Assignee of restatement und Name Arr Signature	cord of the entire interest. See 37 CFR 3.7 er 37 CFR 3.73(b) is enclosed. (Form PTC SIGNATURE of Applicant or Assign mer J. Willenbring	D/SB/96	
Applicant/Inver Assignee of restatement und Name Arr Signature Date Applicant/Inver	cord of the entire interest. See 37 CFR 3.7 er 37 CFR 3.73(b) is enclosed. (Form PTC SIGNATURE of Applicant or Assign mer J. Willenbring	of Rec	ord





PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	Armer J. Willenbring
Group Art Unit	
Examiner Name	
Attorney Docket Number	1888-174

I hereby appoint:					
	Customer Number	22471		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
OR CO				Label here	
Practitioner(s) na		·	1	PATENT TRADEHARK OFFICE	
	Name			Registration Number	
			-		
-					
		<u> </u>			
				ied above, and to transact all	
business in the United	States Patent and Tra	ademark Office co	nnect	ed therewith.	
	·				
Please change the corre	espondence address f	for the above-iden	tified	application to:	
The above-mention	ed Customer Number	r.			
OR					
Firm or					
Individual Name					
Address					
Address					
Country			State	Zip	
Country Telephone					
			Fax		
I am the:					
X Applicant/Invento	or.				
Assignee of reco	ord of the entire intere	st. See 37 CFR 3	.71.		
Statement under	37 CFR 3.73(b) is er	nclosed. (Form Pi	ro/SB	/96).	
	SIGNATURE of A	pplicant or Assign	of	Record	
Name Ro	dney E. Haning				
Signature	2 2 21				
Date 3/2	/91				
NOTE: Signatures of all the inver	tors or assignees of record	d of the entire interest	or their	representative(s) are required. Submit mul	Itiple
forms if more than one signature	is required, see below*.				



RULE 1.10 "EXPRESS MAIL" MAILING BEL NO. <u>EL147842219US</u>

PTO/SB/81 (10

Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	Armer J. Willenbring
Group Art Unit	
Examiner Name	
Attorney Docket Number	1888-174

I hereby appoint:	
x Practitioners at Customer Number 22471	Number ATC bde
OR	Label here
Practitioner(s) named below:	PATENT TRADEHARK OFFICE
Name	Registration Number
÷	
as my/our attorney(s) or agent(s) to prosecute the application	identified chave, and to transact all
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.	
OR Sirm or	
Firm or Individual Name	
Address	
Address	
City	State Zip
Country	
Telephone	Fax
l am the:	
X Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
SIGNATURE of Applicant or Assigne of Record	
Name Jon P. Lindquist	
Signature P. Z. Z.	
Date 02/02/0/	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	
forms if more than one signature is required, see below*.	